

CLAIMS ONLY

Application Number

101522109

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
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38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
Total Indep	1					
Total Depend	10					
Total Claims	11					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
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100						
Total Indep						
Total Depend						
Total Claims						